Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES	NOTICE FILING	ì			
AGENCY NAME Mississippi Department of Education		CONTACT PERSON Raina A. Lee		TELEPHONE NUMBER (601)359-1847	
ADDRESS 359 North West Street		CITY Jackson		STATE MS	ZíP 39201
EMAIL RIee@mde.k12.ms.us	SUBMIT DATE 04/09/2013	Name or number of rule(s): Title 7: Education K-12 Part 77: Family Consumer - Secondary - Fam		ILATION	
Short explanation of rule/amendment, been made. Complying with SOS APA Specific legal authority authorizing the List all rules repealed, amended, or sur	3.2. promulgation of r	ule: MCA Section 37-3-11	nent/repeal:	No substantive	e changes have
ORAL PROCEEDING:					
An oral proceeding is scheduled for	this rule on Date	e:			
Presently, an oral proceeding is not	scheduled on this	rule.			
If an oral proceeding is not scheduled, an oral pr ten (10) or more persons. The written request s notice of proposed rule adoption and should inc agent or attorney, the name, address, email add comment period, written submissions including	nould be submitted to t ude the name, address ress, and telephone nu	he agency contact person at the above , email address, and telephone numbe nber of the party or parties you repres	e address withir er of the person(sent. At any tim	twenty (20) days s) making the requestions	after the filing of this uest; and, if you are an ty-five (25) day public
ECONOMIC IMPACT STATEMENT:					
Economic impact statement not rec	quired for this rule.	Concise summary of ed	conomic imp	act statement	attached.
TEMPORARY RULES	PROPO	SED ACTION ON RULES	FINAL ACTION ON RULES		
Original filing	Action propo		Date Proposed Rule Filed: Action taken:		
Renewal of effectiveness To be in effect in days	New r	ule(s) Idment to existing rule(s)	Adopted with no changes in text		
Effective date:		of existing rule(s)	Adopted with changes Adopted by reference		
Immediately upon filing		ion by reference	Withdrawn		
Other (specify):		al effective date:	Repeal adopted as proposed		roposed
		ays after filing	Effective date:		
	Other	(specify):	30 days after filing Other (specify):		
Printed name and Title of person au	thorized to file r	ales: Raina Anderson Lee.			ral
Signature of person authorized to fi	le rules: <i>Llai</i>	nal Anderson Lee	SSC		
		WRITE BELOW THIS LINE			
		ICIAL FILING STAMP	OFFICIAL FILING STAMP		
		APR 0 9 503 IVIOSISSIPPI RETARY OF STATE			
Accepted for filing by	Accepted fo	Accepted for filing by Accepted for filing by			
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.